

House Study Bill 676

HOUSE FILE _____
BY (PROPOSED COMMITTEE ON
JUDICIARY BILL BY
CHAIRPERSON PAULSEN)

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to medical malpractice, including insurance and
2 tax-related matters, and providing a retroactive applicability
3 provision.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
5 TLSB 5732YC 81
6 rh/je/5

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1 1 Section 1. NEW SECTION. 135.11B ADVERSE HEALTH EVENT
1 2 REPORTING SYSTEM.
1 3 1. The director shall adopt rules which establish and
1 4 administer an adverse health event reporting system designed
1 5 to facilitate quality improvement in the health care system.
1 6 The reporting system shall not be designed to punish errors by
1 7 a health care practitioner or health care facility or hospital
1 8 employee.
1 9 2. The reporting system shall consist of all of the
1 10 following:
1 11 a. Mandatory reporting by a hospital or health care
1 12 facility of adverse health care events specified by rule.
1 13 b. Mandatory completion of a root cause analysis and a
1 14 corrective action plan by the hospital or health care facility
1 15 and a reporting of the findings of the analysis and the plan
1 16 to the director or reporting of reasons for not taking
1 17 corrective action.
1 18 c. An analysis of reported information received by the
1 19 director to determine patterns of systemic failure in the
1 20 health care system and successful methods to correct these
1 21 failures.
1 22 d. Sanctions against a hospital or health care facility
1 23 for failure to comply with reporting system requirements.
1 24 e. Communication from the director to a hospital or health
1 25 care facility to maximize the use of the reporting system to
1 26 improve health care quality.
1 27 3. For purposes of this section:
1 28 a. "Adverse health care event" means an injury that was
1 29 caused by or is associated with medical management and that
1 30 results in death or measurable disability.
1 31 b. "Corrective action plan" means a plan that implements
1 32 strategies that reduce the risk of similar adverse health care
1 33 on events occurring in the future.
1 34 c. "Health care facility" means the same as defined in
1 35 section 135C.1.
2 1 d. "Hospital" means the same as defined in section 135B.1.
2 2 e. "Root cause analysis" means an examination or
2 3 investigation of an occurrence, event, or incident to
2 4 determine if a preventable medical error took place or the
2 5 standard of care was not followed and to identify the causal
2 6 factors that led to such occurrence, event, or incident.
2 7 Sec. 2. Section 147.3, Code 2005, is amended to read as
2 8 follows:
2 9 147.3 QUALIFICATIONS == CRIMINAL HISTORY CHECK.
2 10 1. An applicant for a license to practice a profession
2 11 under this subtitle is not ineligible because of age,
2 12 citizenship, sex, race, religion, marital status or national
2 13 origin, although the application form may require citizenship
2 14 information. ~~A board may consider the past felony record of~~
~~an applicant only if the felony conviction relates directly to~~
~~the practice of the profession for which the applicant~~
~~requests to be licensed. Character references may be~~

2 18 required, but shall not be obtained from licensed members of
2 19 the profession.

2 20 2. An applicant for a license to practice a profession
2 21 under this subtitle shall be subject to a national criminal
2 22 history check through the federal bureau of investigation.
2 23 The appropriate licensing board shall request the criminal
2 24 history check and shall provide the applicant's fingerprints
2 25 to the department of public safety for submission through the
2 26 state criminal history repository to the federal bureau of
2 27 investigation. The applicant shall authorize release of the
2 28 results of the criminal history check to the appropriate
2 29 board. The results of a criminal history check conducted
2 30 pursuant to this subsection shall not be considered a public
2 31 record under chapter 22.

2 32 3. The appropriate licensing board may consider the past
2 33 felony record of an applicant only if the felony conviction
2 34 relates directly to the practice of the profession for which
2 35 the applicant requests to be licensed. Character references
3 1 may be required, but shall not be obtained from licensed
3 2 members of the profession.

3 3 Sec. 3. Section 147.139, Code 2005, is amended to read as
3 4 follows:

3 5 147.139 EXPERT WITNESS STANDARDS.

3 6 If the standard of care given by a physician and surgeon
3 7 licensed pursuant to chapter 148, or osteopathic physician and
3 8 surgeon licensed pursuant to chapter 150A, or a dentist
3 9 licensed pursuant to chapter 153, health care provider as
3 10 defined in subsection 2 is at issue, the court shall only
3 11 allow a person to qualify as an expert witness and to testify
3 12 on the issue of the appropriate standard of care if the
3 13 person's medical or dental qualifications relate directly to
3 14 the medical problem or problems at issue and the type of
3 15 treatment administered in the case person is licensed as a
3 16 health care provider in this state and the person meets the
3 17 following criteria:

3 18 1. If the party against whom or on whose behalf the
3 19 testimony is offered is a specialist, the expert witness
3 20 shall:

3 21 a. Be a specialist in the same specialty as the health
3 22 care provider against whom or on whose behalf the testimony is
3 23 offered or a specialist in a similar specialty that includes
3 24 the evaluation, diagnosis, or treatment of the medical
3 25 condition that is the subject of the claim and have prior
3 26 experience treating similar patients.

3 27 b. Have devoted professional time during the three years
3 28 immediately preceding the date of the occurrence that is the
3 29 basis for the action to any of the following:

3 30 (1) The active clinical practice of, or consulting with
3 31 respect to, the same or similar specialty that includes the
3 32 evaluation, diagnosis, or treatment of the medical condition
3 33 that is the subject of the claim and have prior experience
3 34 treating similar patients.

3 35 (2) Instruction of students in an accredited health
4 1 professional school or accredited residency or clinical
4 2 research program in the same or similar specialty.

4 3 (3) A clinical research program that is affiliated with an
4 4 accredited health professional school or accredited residency
4 5 or clinical research program in the same or similar specialty.

4 6 2. If the health care provider against whom or on whose
4 7 behalf the testimony is offered is a general practitioner, the
4 8 expert witness must have devoted professional time during the
4 9 five years immediately preceding the date of the occurrence
4 10 that is the basis for the action to any of the following:

4 11 a. The active clinical practice or consultation as a
4 12 general practitioner.

4 13 b. The instruction of students in an accredited health
4 14 professional school or accredited residency program in the
4 15 general practice of medicine.

4 16 c. A clinical research program that is affiliated with an
4 17 accredited medical school or teaching hospital and that is in
4 18 the general practice of medicine.

4 19 3. If the health care provider against whom or on whose
4 20 behalf the testimony is offered is a health care provider
4 21 other than a specialist or a general practitioner, the expert
4 22 witness must have devoted professional time during the three
4 23 years immediately preceding the date of the occurrence that is
4 24 the basis for the action to any of the following:

4 25 a. The active clinical practice of, or consulting with
4 26 respect to, the same or similar health profession as the
4 27 health care provider against whom or on whose behalf the
4 28 testimony is offered.

4 29 b. The instruction of students in an accredited health
4 30 professional school or accredited residency program in the
4 31 same or similar health profession in which the health care
4 32 provider against whom or on whose behalf the testimony is
4 33 offered.

4 34 c. A clinical research program that is affiliated with an
4 35 accredited medical school or teaching hospital and that is in
5 1 the same or similar health profession as the health care
5 2 provider against whom or on whose behalf the testimony is
5 3 offered.

5 4 4. For purposes of this section, "health care provider"
5 5 means a physician or surgeon licensed pursuant to chapter 148,
5 6 an osteopathic physician or surgeon licensed pursuant to
5 7 chapter 150A, or a dentist licensed pursuant to chapter 153.

5 8 Sec. 4. NEW SECTION. 147.140 EVIDENCE OF REGRET OR
5 9 APOLOGY.

5 10 In any civil action for personal injury or wrongful death
5 11 against any physician or surgeon licensed pursuant to chapter
5 12 148, osteopathic physician or surgeon licensed pursuant to
5 13 chapter 150A, or dentist licensed pursuant to chapter 153,
5 14 based upon the alleged negligence of the licensee in the
5 15 practice of that profession or occupation, any statement,
5 16 affirmation, gesture, or conduct expressing apology,
5 17 responsibility, liability, sympathy, consideration,
5 18 condolence, or a general sense of benevolence that was made by
5 19 a physician or surgeon, osteopathic physician or surgeon, or
5 20 dentist to the patient, relative of the patient, or decision
5 21 maker for the patient that relates to the discomfort, pain,
5 22 suffering, injury, or death of the patient as a result of an
5 23 unanticipated outcome of medical care is inadmissible as
5 24 evidence of an admission of liability or as evidence of an
5 25 admission against interest.

5 26 Sec. 5. NEW SECTION. 147.141 CERTIFICATE OF MERIT.

5 27 1. In an action for damages for personal injury against a
5 28 health care provider licensed to practice or operate in this
5 29 state, based on the alleged negligence of the licensee in the
5 30 practice of the profession or occupation, or upon the alleged
5 31 negligence of the hospital in patient care, the plaintiff
5 32 shall file, simultaneous with the filing of the complaint, a
5 33 certificate of merit attesting to the following:

5 34 a. The plaintiff or plaintiff's attorney has consulted and
5 35 reviewed the facts of the case with an expert who the
6 1 plaintiff or the plaintiff's attorney reasonably believes
6 2 meets the following requirements:

6 3 (1) The expert is knowledgeable regarding the relevant
6 4 issues involved in the particular action.

6 5 (2) The expert is qualified by knowledge, skill,
6 6 experience, training, or education to testify as an expert in
6 7 the field of the alleged malpractice pursuant to section
6 8 147.139.

6 9 (3) The expert has no financial or personal interest in
6 10 the outcome of the case under review.

6 11 b. The expert has determined in a written report that a
6 12 reasonable and meritorious case exists for the filing of such
6 13 action.

6 14 2. The written report from the expert shall be attached to
6 15 the certificate of merit and shall contain all of the
6 16 following:

6 17 a. The name and address of the expert and sufficient facts
6 18 to support the conclusion that the expert is qualified by
6 19 knowledge, skill, experience, training, or education to
6 20 testify as an expert against the health care provider.

6 21 b. A statement that the expert's determination is based
6 22 upon an examination of the plaintiff, or an independent and
6 23 thorough review of all of the applicable medical records and,
6 24 if reasonably available, a physical examination of the
6 25 plaintiff.

6 26 c. A description of the appropriate standard of care that
6 27 is expected of a reasonably competent health care provider in
6 28 the same class to which the health care provider belongs,
6 29 acting in the same or similar circumstances.

6 30 d. In the opinion of the expert, expressed with a
6 31 reasonable degree of medical certainty, that the appropriate
6 32 standard of care was breached by the health care provider
6 33 named in the complaint.

6 34 e. The factual basis for the expert's opinion.

6 35 f. A statement of the actions that the health care
7 1 provider should have taken or failed to take to have complied
7 2 with the standard of care.

7 3 g. A statement of the manner in which the breach of the
7 4 standard of care was the cause of the injury alleged in the

7 5 complaint.

7 6 3. If a certificate of merit is required pursuant to this
7 7 section, a separate certificate and expert report shall be
7 8 filed as to each defendant named in the complaint and shall be
7 9 filed as to each defendant named at a later time.

7 10 4. The contemporaneous filing requirement of subsection 1
7 11 shall not apply to a personal injury case, for which the
7 12 period of limitation will expire or where there is a good
7 13 faith basis to believe the period of limitation will expire,
7 14 within ten days of the date of filing of the complaint and the
7 15 plaintiff asserts in good faith that because of such time
7 16 constraints compliance with the requirements was not possible.
7 17 In such cases, the plaintiff shall have forty-five days after
7 18 the filing of the complaint to supplement the pleadings with
7 19 the certificate of merit and expert report.

7 20 5. If a certificate of merit is not filed within the
7 21 period specified in this section, the complaint is subject to
7 22 dismissal for failure to state a claim upon which relief can
7 23 be granted.

7 24 6. If the plaintiff or the plaintiff's counsel files a
7 25 certificate of merit that does not meet the requirements of
7 26 subsection 1 or a report that does not meet the requirements
7 27 of subsection 2, the defendant to whom such certificate
7 28 pertains may file a motion to dismiss which shall specify the
7 29 grounds or basis by which the certificate or the report does
7 30 not meet the requirements of this section.

7 31 7. For the purposes of this section, "health care
7 32 provider" means a physician or surgeon, osteopath, osteopathic
7 33 physician or surgeon, dentist, podiatric physician,
7 34 optometrist, pharmacist, chiropractor, or nurse licensed to
7 35 practice that profession in this state, or a hospital licensed
8 1 for operation in this state.

8 2 Sec. 6. NEW SECTION. 422.11M OBSTETRICS=GYNECOLOGY TAX
8 3 CREDIT.

8 4 1. The taxes imposed under this division, less the amounts
8 5 of nonrefundable credits allowed under this division, shall be
8 6 reduced by an obstetrics=gynecology tax credit. To qualify
8 7 for the tax credit, the taxpayer shall have practiced
8 8 obstetrics and gynecology during the tax year from an office
8 9 or clinic located in a city or cities each with a population
8 10 of less than fifteen thousand. The maximum amount of the tax
8 11 credit equals five thousand dollars for the first tax year and
8 12 ten thousand dollars for the second tax year. The tax credits
8 13 shall be computed over two consecutive tax years as selected
8 14 by the taxpayer.

8 15 In determining the amount of tax credit only the months in
8 16 the tax year in which the majority of the taxpayer's practice
8 17 is performed in cities with less than fifteen thousand
8 18 residents shall be counted. The amount of the tax credit
8 19 equals the maximum credit allowable for the tax year
8 20 multiplied by the fraction of the tax year in which the
8 21 taxpayer's practice is performed in cities with less than
8 22 fifteen thousand residents. This amount shall be rounded to
8 23 the nearest amount divisible by fifty.

8 24 2. Any credit in excess of the taxpayer's tax liability
8 25 shall be refunded. In lieu of claiming a refund, the taxpayer
8 26 may elect to have the overpayment shown on the taxpayer's
8 27 final, completed return credited to the tax liability for the
8 28 following tax year.

8 29 3. This section is repealed January 1, 2016, for tax years
8 30 beginning on or after that date.

8 31 Sec. 7. Section 515F.4, subsection 5, Code 2005, is
8 32 amended to read as follows:

8 33 5. The rates may contain a provision for contingencies and
8 34 an allowance permitting a reasonable profit. In determining
8 35 the reasonableness of the profit, consideration shall be given
9 1 to investment income attributable to unearned premium and loss
9 2 reserves. ~~Income from other sources shall not be considered.~~

9 3 Sec. 8. Section 614.1, subsection 9, Code 2005, is amended
9 4 to read as follows:

9 5 9. MALPRACTICE.

9 6 a. Except as provided in ~~paragraph~~ paragraphs "b" and "c",
9 7 those founded on injuries to the person or wrongful death
9 8 against any physician and surgeon, osteopath, osteopathic
9 9 physician and surgeon, dentist, podiatric physician,
9 10 optometrist, pharmacist, chiropractor, physician assistant, or
9 11 nurse, licensed under chapter 147, or a hospital licensed
9 12 under chapter 135B, arising out of patient care, within two
9 13 years after the date on which the claimant knew, or through
9 14 the use of reasonable diligence should have known, or received
9 15 notice in writing of the existence of, the injury or death for

9 16 which damages are sought in the action, whichever of the dates
9 17 occurs first, but in no event shall any action be brought more
9 18 than six years after the date on which occurred the act or
9 19 omission or occurrence alleged in the action to have been the
9 20 cause of the injury or death unless a foreign object
9 21 unintentionally left in the body caused the injury or death.
9 22 b. An action subject to paragraph "a" and brought on
9 23 behalf of a minor who was under the age of eight years when
9 24 the act, omission, or occurrence alleged in the action
9 25 occurred shall be commenced no later than the minor's tenth
9 26 birthday or as provided in paragraph "a", whichever is later.
9 27 c. The statutes of limitation specified in paragraphs "a"
9 28 and "b" may be tolled by written agreement of the parties.

9 29 Sec. 9. STUDY.

9 30 1. The Iowa department of public health shall conduct a
9 31 study to determine the effectiveness of the provisions of this
9 32 Act in reducing the number of medical malpractice lawsuits and
9 33 the costs associated with medical care, including medical
9 34 liability insurance premiums, and shall annually submit a
9 35 report of its findings to the general assembly not later than
10 1 January 1 during the period beginning January 1, 2007, and
10 2 ending January 1, 2010.

10 3 2. This section is repealed January 1, 2010.

10 4 Sec. 10. RETROACTIVE APPLICABILITY. Section 6 of this Act
10 5 relating to a tax credit for obstetricians and gynecologists
10 6 applies retroactively to January 1, 2006, for tax years
10 7 beginning on or after that date.

10 8 EXPLANATION

10 9 This bill relates to medical malpractice including
10 10 insurance and tax-related matters, and provides a retroactive
10 11 applicability date.

10 12 ADVERSE HEALTH EVENT REPORTING SYSTEM. The bill provides
10 13 that the director of public health shall adopt rules which
10 14 establish and administer an adverse health event reporting
10 15 system designed to facilitate quality improvement in the
10 16 health care system. The reporting system shall not be
10 17 designed to punish errors by a health care practitioner or
10 18 health care facility or hospital employee. The reporting
10 19 system shall consist of mandatory reporting by a hospital or
10 20 health care facility of adverse health care events specified
10 21 by rule, mandatory completion of a root cause analysis and a
10 22 corrective action plan by the hospital or health care facility
10 23 and a reporting of the findings of the analysis and the plan
10 24 to the director or reporting of reasons for not taking
10 25 corrective action, an analysis of reported information
10 26 received by the director to determine patterns of systemic
10 27 failure in the health care system and successful methods to
10 28 correct these failures, sanctions against a hospital or health
10 29 care facility for failure to comply with reporting system
10 30 requirements, and communication from the director to a
10 31 hospital or health care facility to maximize the use of the
10 32 reporting system to improve health care quality. For purposes
10 33 of the bill, "adverse health care event" means an injury that
10 34 was caused by or is associated with medical management and
10 35 that results in death or measurable disability, "corrective
11 1 action plan" means a plan that implements strategies that
11 2 reduce the risk of similar events occurring in the future,
11 3 "health care facility" means the same as defined in section
11 4 135C.1, "hospital" means the same as defined in section
11 5 135B.1, and "root cause analysis" means an examination or
11 6 investigation of an occurrence, event, or incident to
11 7 determine if a preventable medical error took place or the
11 8 standard of care was not followed and to identify the causal
11 9 factors that led to such occurrence, event, or incident.

11 10 EXPERT WITNESS STANDARDS. The bill provides that if the
11 11 standard of care given by a health care provider defined as a
11 12 physician or surgeon licensed pursuant to Code chapter 148, an
11 13 osteopathic physician or surgeon licensed pursuant to Code
11 14 chapter 150A, or a dentist licensed pursuant to Code chapter
11 15 153 is at issue in a medical malpractice case, the court shall
11 16 only allow a health care provider who is licensed in this
11 17 state to qualify as an expert witness and to testify on the
11 18 issue of the appropriate standard of care if the health care
11 19 provider meets certain professional practice and educational
11 20 criteria including instructional criteria, depending upon
11 21 whether the party against whom or on whose behalf the
11 22 testimony is offered is a specialist, a general practitioner,
11 23 or a health care professional other than a specialist or a
11 24 general practitioner. Current law relating to expert witness
11 25 standards in a medical malpractice action allows a person to
11 26 testify as an expert witness and to testify on the appropriate

11 27 standard of care if the person's medical or dental
11 28 qualifications relate directly to the medical problem at issue
11 29 and the type of treatment provided.

11 30 EVIDENCE OF REGRET OR APOLOGY. The bill relates to
11 31 evidence of regret or apology made by a physician or surgeon,
11 32 osteopathic physician or surgeon, or dentist in any civil
11 33 action for personal injury or death. The bill provides that
11 34 in such a case, any statement, affirmation, gesture, or
11 35 conduct expressing apology, responsibility, liability,
12 1 sympathy, consideration, condolence, or a general sense of
12 2 benevolence that was made by such a licensee, to the patient,
12 3 relative of the patient, or decision maker for the patient
12 4 that relates to the discomfort, pain, suffering, injury, or
12 5 death of the patient as a result of an unanticipated outcome
12 6 of medical care is inadmissible as evidence of an admission of
12 7 liability or as evidence of an admission against interest.

12 8 CERTIFICATE OF MERIT. The bill provides that in an action
12 9 for damages for personal injury against a health care
12 10 provider, defined as a physician or surgeon, osteopath,
12 11 osteopathic physician or surgeon, dentist, podiatric
12 12 physician, optometrist, pharmacist, chiropractor, or nurse
12 13 licensed to practice that profession in this state, or a
12 14 hospital licensed for operation in this state, based on the
12 15 alleged negligence of the licensee in the practice of the
12 16 profession or occupation, or upon the alleged negligence of
12 17 the hospital in patient care, the plaintiff shall file,
12 18 simultaneous with the filing of the complaint, a certificate
12 19 of merit. The certificate of merit shall state that the
12 20 plaintiff or plaintiff's attorney has consulted and reviewed
12 21 the facts of the case with an expert who the plaintiff or the
12 22 plaintiff's attorney reasonably believes is knowledgeable
12 23 regarding the relevant issues involved in the particular
12 24 action; that the expert is qualified by knowledge, skill,
12 25 experience, training, or education to testify as an expert;
12 26 and that the expert has no financial or personal interest in
12 27 the outcome of the case under review.

12 28 The bill further provides that the certificate of merit
12 29 shall be submitted with a written report from the expert and
12 30 that a separate certificate and expert report shall be filed
12 31 as to each defendant named in the complaint, and allows for
12 32 certain exemptions for filing a certificate of merit within
12 33 the period of limitation.

12 34 The bill provides that if a certificate of merit is not
12 35 filed within the period specified in the bill, the complaint
13 1 is subject to dismissal for failure to state a claim upon
13 2 which relief can be granted.

13 3 The bill provides that if the plaintiff files a certificate
13 4 of merit or an accompanying report that does not meet the
13 5 requirements of the bill, the defendant to whom such
13 6 certificate pertains may file a motion to dismiss which shall
13 7 specify the grounds or basis by which the certificate does not
13 8 meet the requirements of this section.

13 9 CRIMINAL HISTORY CHECK. The bill provides that an
13 10 applicant for a license to practice a profession under Code
13 11 chapter 147 shall be subject to a national criminal history
13 12 check through the federal bureau of investigation. The
13 13 appropriate licensing board shall request the criminal history
13 14 check and shall provide the applicant's fingerprints to the
13 15 department of public safety for submission through the state
13 16 criminal history repository to the federal bureau of
13 17 investigation. The applicant shall authorize release of the
13 18 results of the criminal history check to the appropriate
13 19 board. The results of a criminal history check conducted
13 20 pursuant to the bill shall not be considered a public record
13 21 under Code chapter 22.

13 22 TAX CREDIT. The bill provides a refundable obstetrics=
13 23 gynecology tax credit under the individual income tax for
13 24 taxpayers who practice obstetrics and gynecology from an
13 25 office or clinic located in cities with populations of less
13 26 than 15,000. The amount of the tax credit equals \$5,000 for
13 27 the first year and \$10,000 for the subsequent year. Only the
13 28 months during which the majority of the practice occurs in
13 29 cities of less than 15,000 count toward the maximum yearly tax
13 30 credit. The taxpayer may select the tax years for determining
13 31 the tax credits. However, the two years must be consecutive.
13 32 The tax credit is repealed beginning with the 2016 tax year.
13 33 The tax credit applies retroactively to January 1, 2006, for
13 34 tax years beginning on or after that date.

13 35 INSURANCE RATEMAKING. The bill provides that in
14 1 determining what a reasonable profit is during the ratemaking
14 2 process, the commissioner of insurance may consider income

14 3 from sources other than investment income attributable to
14 4 unearned premium loss reserves.
14 5 STATUTES OF LIMITATION. Current law provides that a
14 6 medical malpractice lawsuit for either personal injury or
14 7 death may be brought within two years after the date on which
14 8 the claimant knew or should have known of the injury or death,
14 9 but not more than six years after the date upon which the act
14 10 occurred, unless the action involved a foreign object that was
14 11 retained in the body. If the action involved a minor or a
14 12 mentally ill person, the limitation period is extended to one
14 13 year from the date the disability is removed. The bill allows
14 14 the parties in a medical malpractice action to toll the
14 15 applicable statute of limitation by written agreement.
14 16 STUDY. The bill provides that the Iowa department of
14 17 public health shall conduct a study to determine the
14 18 effectiveness of the provisions of the bill in reducing the
14 19 number of medical malpractice lawsuits and the costs
14 20 associated with medical care, including medical liability
14 21 insurance premiums, and shall submit a report of its findings
14 22 to the general assembly not later than January 1 beginning
14 23 January 1, 2007, through January 1, 2010.
14 24 LSB 5732YC 81
14 25 rh:nh/je/5